



WAYNE COUNTY COMMUNITY COLLEGE DISTRICT
Office of Human Resources
801 W. Fort Street, Detroit, MI 48226

Direct Deposit Of Pay - Employee Authorization Agreement

Check one of the following:

New Enrollment Discontinue Change

Employee Name (Last, First, Middle Initial) **please print**

Employee ID Number

Primary Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Bank Routing Number (must be 9 numbers)

Account Number

Type of Account (mark only one):

Amount of Deposit (mark only one):

Checking

Savings

Net Amount

Dollar Amount: \$_____

OPTIONAL: Secondary Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Bank Routing Number (must be 9 numbers)

Account Number

Type of Account (mark only one):

Amount of Deposit:

Checking

Savings

Net Amount

Please verify with your financial institution all account and routing numbers submitted. A voided check should be submitted with this authorization agreement. We cannot accept a savings deposit slip.

Due to unforeseen processing limitations, or college and/or bank closings, we may be precluded from making a direct deposit to your account. Under these circumstances, you will be issued a regular payroll check on payday.

I authorize Wayne County Community College District (WCCCD) to direct funds to my account(s) in the financial institution(s) listed above. Adjusting entries to correct errors are also authorized. If any of the above information changes, I will promptly complete a new authorization agreement. I understand that I am responsible to confirm the direct deposit with the financial institution prior to issuance of any checks/debits against my account.

Employee Signature:

Date (Mo/Day/Yr)

Employee Title:

Union:

Daytime Phone Number:

Campus:

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